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CONFIRMATION NO. 9192

<b>SERIAL NUMBER</b> 09/412,082	<b>FILING OR 371(c) DATE</b> 10/04/1999 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 008810-20021	
<b>APPLICANTS</b> GARY KARLIN MICHELSON, VENICE, CA; <i>OK M.B.</i> <b>** CONTINUING DATA *****</b> This application is a CON of 08/480,904 06/07/1995 PAT 6,210,412 <b>** FOREIGN APPLICATIONS *****</b> <i>Note M.B.</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/25/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>MBron</i> <i>M.B.</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> <i>21</i>	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 22882					
<b>TITLE</b> METHOD FOR INSERTING FRUSTO-CONICAL INTERBODY SPINAL FUSION IMPLANTS					
<b>FILING FEE RECEIVED</b> 810	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		